

**BOARD OF REGISTERED NURSING**

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## THE CERTIFIED NURSE-MIDWIFE

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### Definition of a Certified Nurse-Midwife

A certified nurse-midwife is an individual educated and licensed in the disciplines of registered nursing and nurse-midwifery who possesses evidence of certification issued by the California Board of Registered Nursing.

### Scope of Practice

Certified nurse-midwives (CNMs) are providers of primary health care for women and infants. Primary care by CNMs incorporates all of the essential factors of primary care and case management that include evaluation, assessment, treatment and referral as required. CNMs are often the initial contact for the provision of integrated, accessible health care services to women, and they provide such care on a continuous and comprehensive basis by establishing a plan of management with the woman for her ongoing health care.

***Nurse-midwifery practice as conducted by CNMs is the independent, comprehensive management of women's health care in a variety of settings focusing particularly on pregnancy, childbirth, the postpartum period, care of the infant, and the family planning and gynecological needs of women throughout the life cycle.***

The certificate to practice nurse-midwifery authorizes the holder, under the supervision of a licensed physician and surgeon who has current practice or training in obstetrics, to attend cases of normal childbirth and to provide prenatal, intrapartum and post partum care, including family planning for the mother and immediate care for the newborn. All birthing complications shall be referred to the physician immediately. The practice of nurse-midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version. "Supervision" does not require the physical presence of the supervising physician when care is rendered by the nurse-midwife.

### Legal Authority for Practice

The Legislature granted the CNM an independent scope of practice. CNMs practice in collaboration with physicians when appropriate. The degree of collaboration in this team approach depends upon the medical needs of the individual woman or infant and the practice setting. For practices and procedures which overlap the practice of nurse-midwifery into medicine, standardized procedures must be developed and approved by the three entities of the CNM, physician and practice setting administration.

### Certification

Only Registered Nurses who have been certified as CNMs by the California Board of Registered Nursing may use the title "Certified Nurse-Midwife." CNMs must be BRN certified in order to practice nurse-midwifery in California. RN licensure and CNM certification verification information may both be obtained by calling (916) 322-3350.

Effective January 1, 2000, there are three methods through which registered nurses may qualify for certification as a nurse-midwife.

- **Method One**  
Successful completion of a nurse-midwifery academic program of study which conforms with the Board's educational standards set forth in California Code of Regulations (CCR) 1462.
- **Method Two**  
Completion of a nurse-midwifery academic program which conforms with the Board's educational standards as set forth in the CCR 1462 but is not Board approved. In the event of deficiencies, remediation may be required.
- **Method Three**  
Certification by a state or national organization whose standards are equivalent to those set forth in CCR 1462. The national organization recognized by the Board as equivalent to the standards is the American College of Nurse-Midwives (ACNM) Certification Council.

### **Dispensing**

Business and Professions Code Section 2725.1 allows RNs to dispense (hand to a patient) medications, except controlled substances, upon the valid order of a physician in primary, community, and free clinics.

As of January 1, 2002, Business and Professions Code Section 2725.1 is amended to enable certified nurse midwives, pursuant to a standardized procedure or protocol in primary, community, and free clinics to dispense drugs and devices including schedule III, IV, and V controlled substances.

### **Furnishing**

Effective January 1, 2002, CNMs with the exception of solo practitioners can now include in the drugs they furnish, controlled substances. California certified CNMs with a furnishing certificate must register with the United States Drug Enforcement Administration to obtain a DEA registration number to furnish controlled substances. The furnishing of drugs and devices, including controlled substances schedule II, III, IV, V, shall be pursuant to approved standardized procedures or protocols developed by the health care team, physicians and surgeons, certified nurse midwives, and health care facility administrators as needed and appropriate for the dynamic health care system to allow the health care team to provide patient care.

Furnishing schedule II and III controlled substances requires "patient specific protocols" approval within the standardized procedure. CNM furnishing authority for schedule II controlled substances is limited to acute care hospitals.

The CNM must first be certified through the BRN before meeting the requirements for a furnishing number. A transmittal/prescription form is required for the pharmacist to fill the order and should contain the furnisher's name and furnishing number and the name and CA license number of the supervising physician. When furnishing controlled substances, the CNM's DEA registration number is placed on the transmittal/prescription.

### **Episiotomies, Repair of Lacerations of the Perineum**

Effective July 12, 1996, CNMs were authorized to perform and repair episiotomies and to repair first degree and second degree lacerations of the perineum in a licensed acute care hospital and a licensed alternate birth center if certain conditions were met. These conditions included the supervising physician and surgeon is credentialed to perform obstetrical care in the facility. The CNM performs and repairs the episiotomies pursuant to protocols developed and approved by the CNM, supervising physician, director of the obstetrics department and the interdisciplinary practices committee where applicable.

## **Treating STDs**

Effective January 1, 2001, Chlamydia is a category of Venereal Disease in the Health and Safety Code.

SB 648, Chapter 835 (Ortiz) amends Business and Professions Code. A nurse practitioner pursuant to Section 2836.1 and a certified nurse-midwife pursuant to Section 2746.51 may dispense, furnish, or otherwise provide prescription antibiotic drugs to the sexual partner or partners of a patient with a diagnosed sexually transmitted Chlamydia infection **without** examination of the patient's sexual partner or partners.

Available Resources: For guidelines and information regarding materials for patients and their partner, including revisions to the Health and Safety Code, and telephone numbers of local health departments, visit California Coalition's Web site at [www.ucsf.edu/castd](http://www.ucsf.edu/castd) or call California Department of Health Services' STD Control Branch at (510) 540-2657.

## **Citation and Fine**

CNMs as RNs are subject to citation and fine for violations of the Nursing Practice Act (NPA). The Executive Officer, in lieu of filing an accusation against a CNM, may issue a citation which may contain an administrative fine and/or order of abatement against a CNM for any violation of law or an adopted regulation which would be grounds for discipline. The violation would not be of a severity that revocation or restriction of the RN license is necessary. An example of a violation would be using the title CNM without BRN certification. This fine could range from \$1,000 to \$2,500.

## **References:**

NPA, B&P sections 2746.5-2746.52, CCR 1462, 1463

ACNM position statements:

CNMs as Primary Care Providers

Definition of a CNM